

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9245

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2728

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Pearl Fields

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 2, 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 10 19 hr. min.

9. Birthplace Greenville, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Fields  
13. Birthplace ? Miss.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Kitty Washington  
15. Birthplace ? Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Thomas  
(b) Address 5530 Delmar Blvd.

17. (a) Removal (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenville, Miss.

18. (a) Signature of funeral director Russell Und. Co.  
(b) Address 2732 Pine Street

19. (a) MAR 23 1940 (b) J. F. Bledsoe  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2630 Locust  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21<sup>st</sup>  
year 1940 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from Jan 30<sup>th</sup> 1940 to Mar 21 1940  
that I last saw her alive on Mar - 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis  
caused by chronic nephritis  
Due to non purpural

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (d) Means of injury \_\_\_\_\_  
23. Signature J. F. Bledsoe (Signature)  
Address 3707 Franklin Date signed 3-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Latterfield*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

*Joel Russell*

Licensed Embalmer No. *412*

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**